May 1 9 2000 & 22883

PTO/SB/09 (12-97)

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STATEMENT CLAIMING 37 CFR 1.9(f) & 1.27(b)	SMALL ENTITY STATUS INDEPENDENT INVENTOR	Docket Number (Optional) VCAR-003				
Applicant, Patentee, or Iden	Stuart D. Edwards					
Application or Patent No.:	09/490 622					
Filed or Issued:	1 24. 2000					
Title:	Shrinkage if Dilatations in the Body					
As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in: the specification filed herewith with title as listed above. the application identified above. the patent identified above. I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign grant, convey, or license, any rights in the invention to any person who would not qualify as an independent invento under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below: No such person, concern, or organization exists. Each such person, concern, or organization exists.						
stating their status as small acknowledge the duty to entitlement to small entit	equired from each named person, concern, or organiza all entities. (37 CFR 1.27) file, in this application or patent, notification of any cha status prior to paying, or at the time of paying, the of the date on which status as a small entity is no longe	ange in status resulting in loss of earliest of the issue fee or any				
Stuard D. Enwards NAME OF INVENTION Signature of inventor	NAME OF INVENTOR Signature of inventor	NAME OF INVENTOR Signature of inventor				
4. 11. 00 Date	Date	Date				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FERS OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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DECLARATION FOR UTILITY OR

DESIGN

VCAR-003

Stuart D. Edwards

PTO/SB/01 (12-97)

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Attorney Docket Number

First Named Inventor

PATENT APPI	ICATION	COMPLETE IF KNOWN			
(37 CFR		Application Numb	per C	9 / 490,622	
_		Filing Date	Janua	ry 24, 2000	
	eclaration ubmitted after Initial	Group Art Unit	Not A	ssigned	
with Initial F	iling (surcharge 37 CFR 1.16 (e)) equired)	Examiner Name	Not /	Assigned	ار
					_
As a below named inventor,					
My residence, post office address, and citizenship are as stated below next to my name.					1
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is defined and for which a patent is sought on the invention entitled:					1
	Shrinkage of Dilatations in the Body				
the specification of which					
la sitached hereto OR					
was filed on (MM/OD/YYY) January 24, 2000 as United States Application Number or PCT International					
Application Number 09 490,622 and was amended on (MM/DD/YYYY) (if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 355(b) of any foreign application(s) for patent or inventor's certificate, or 355(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(8)	Country	Foreign Filling Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
,					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:					
I hereby claim the benefit und	er 35 U.S.C. 119(e) of any	United States provisions	I application(s) lis	ted below.	
Application Number(s		(MM/DD/YYYY)	Additi numb supple	onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.	
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[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Post Office Address

Portola Valley

Additional inventors are being named on the

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USA

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application. Parent Patent Number U.S. Parent Application or PCT Parent Parent Filing Date (if applicable) Number (MM/DD/YYYY) Additional U.S. or PCT international application numbers are Estated 1991 and 1991 data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitions will be the product of the product o and Trademark Office connected therewith: Place Customer Customer Number Number Bar Code OR Label bara Registered practitioner(s) name/registration number listed below Registration MIENT TRACEMEN OFFICE Registration Number Name Number Additional registered prachitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: (X) Customer Number 22883 OR Correspondence address below or Bar Code Label Name Address Address City State ZIP Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Family Name or Sumame Given Name (first Edwards Stuart D. 4.11.9 Signature USA USA Portola Valley Country Citizenship Residence: City 658 Westridge Drive Post Office Address

CA

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